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THE TAXPAYER AND HIS RELATIONSHIP TO THE COUNTY HOSPITAL*

GORDON R. CUMMING, Chief

Bureau of Hospitals, California State Department of Public Health

In my work I have the opportunity of seeing the tremendous service which hospitals throughout the State, including county hospitals, provide for all of us. The modern hospital is an important medium through which we receive medical and health services. These medical and health services have improved so spectacularly during our lives that this scarcely needs elaboration. We are all aware that we now have the opportunity to live longer and more healthfully. We know that the mortality rate for mothers and infants has been reduced tremendously. We have seen communicable diseases eradicated or effectively controlled, including within recent years tuberculosis and poliomyelitis. Progress also has been made in providing more effective treatment for the so-called chronic illnesses, including strokes and heart disease.

In earlier times, both the practice of medicine and the provision of hospital service were simpler than they are today. People with money ordinarily were treated at home, and those without money or the ability to stay at home were sent to hospitals, usually to die.

In California, our first two hospitals were established during the gold rush to accommodate those who became sick and had no relatives to take care of them. Out of these early beginnings, the modern hospital has developed until today it is a community medical center. These hospital

medical centers play an important and intimate role in the everyday lives of every family in California. At the present time every man, woman and child in California averages almost one day per year as a general hospital patient. In addition, Californians receive a large volume of care in mental institutions, specialized hospitals, and nursing homes which are operated by public and private agencies.

At the present time in California we have approximately 120,000 hospital beds. About 47,000 of these are in general hospitals, 44,000 are in mental hospitals, and the remainder are in institutions for long-term care and for the treatment of tuberculosis. About half of these facilities have been built since World War II. The hospital construction since World War II alone has cost approximately three-quarters of a billion dollars. It is evident that our increasing population in California is going to make necessary the continuing investment of private and public funds at this rapid pace if we are to take care of our needs in the future.

At the present time, approximately 53 percent of the general hospital beds in California are operated by religious and other nonprofit groups; 24 percent are operated by counties; 14 percent are private hospitals operated for profit; and 9 percent are operated by hospital districts or cities. Most of the mental hospital beds in California are operated by the State Government. Most of the patients

suffering from tuberculosis are in county hospital beds. Long-term care is given in county hospitals or in private nursing homes.

Legal Purpose of County Hospital

Since counties provide approximately one-fourth of the general hospital beds in California, most of the beds for long-term care, and virtually all of the beds for the tuberculous, it is important that the legal purpose of county hospital operation be clearly understood. In the State Department of Public Health, we frequently hear questions asked regarding county hospitals. The commonest question is why is an individual who has been paying taxes to support the county hospital not permitted to receive care in the institution. This type of question shows the general lack of understanding of the purpose for which county hospitals are organized, how they function, how they are limited, what discretion the county has in providing care, and in fixing policies for payment. Let us look at the state law in regard to county hospitals.

Sections 200-222 of the Welfare and Institutions Code establish the legal basis on which county hospitals are operated in California. The board of supervisors has responsibility for establishing and maintaining the hospital, prescribing rules for its government and management, appointing the county physician and other employees, and for determining the standards of eligibility governing pa-

* Presented at the California Farm Bureau Federation Convention in San Jose on November 12, 1958.

tients' qualifications for care. It is also responsible for fixing the rates which may be charged for care, establishing the policy for collections from patients for care, and for adjusting or compromising patients' liability for payments covering care. With regard to patient care, Section 211 provides that no county shall withhold emergency care pending the patient's giving security for reimbursement to the county.

Certain court decisions, particularly *Goodall v. Brite*, 11 Cal. App. 2d 540, 54 Pac. 2d 510, have interpreted the Welfare and Institutions Code. Some of the more significant elements of this interpretation are:

1. Boards of supervisors have broad powers in establishing and maintaining county hospitals and in prescribing rules for their management.
2. County hospitals are established to provide care for:
 - a. Indigent sick;
 - b. Partially dependent sick (the so-called medically indigent);
 - c. Psychiatric and other custodial cases;
 - d. Physically handicapped children who qualify legally for care;
 - e. Tuberculosis patients, with provision for payment by those who are able to pay;
 - f. Contagious cases;
 - g. Prisoners;
 - h. Emergency cases. Emergency cases include patients who are unable to secure admission to a private facility and need immediate hospitalization. The hospital has responsibility for collecting full actual cost when patients can afford to pay and are therefore ineligible for care at county expense.
3. Boards of supervisors operate county hospitals in a governmental capacity for the public health and safety, and are not empowered by law to engage in hospital operation as a business. The constitutional prohibition against gift of public funds requires that counties collect for care when the patient or his legally responsible relatives are able to pay. Because it must be

anticipated that all county hospitals will at times treat patients who are financially ineligible, the boards of supervisors have an obligation to maintain cost accounting on patient care so that accurate costs can be established on which to base charges.

Law Relating to Admitting Policies

Requirements of state law relating to county hospital admitting policies are summarized very concisely in Attorney General Opinion 51/193 of January 10, 1952. This opinion reflects a number of court decisions which bear on the question. It is our understanding that this Attorney General's opinion is used most extensively in several counties as a legal guide. Copies of this opinion may be obtained on request from the Bureau of Hospitals of the State Department of Public Health.

Section 212 of the Health and Safety Code provides for licensure of county hospitals and requires that licensed county hospitals comply with standards of construction and operation which are required of all public and private licensed institutions throughout the State.

Within these laws, court decisions, and legal interpretations, considerable latitude exists for counties to fix policies under which county hospitals in California's 58 counties function. There is substantial variation between counties in the types of service, standards of eligibility, and policies of repayment for care provided. There is real value in each county's having a clearly stated policy with reference to the operation of its county hospital. This will minimize misunderstandings or differences of opinion within the county about the operation of its county hospital. An effective way of doing this is for the county to enact an ordinance clearly expressing the county policy, including general information on eligibility basis for admission, the manner in which care will be provided, and policy regarding billing and collections. Enactment of an ordinance containing these elements makes possible more effective administration of a county hospital in the services of a community.

For proper discharge of the county's responsibility for medical care, and for efficient operation of

the county hospital, a statement of admission policies for the county hospital should include at least five items:

1. A general statement of the county's responsibility for medical care, as the county interprets and applies the law previously referred to.
2. A statement of criteria for admission—medical, financial, and residential.
3. A definite statement as to who determines eligibility and how these responsibilities are delegated.
4. An expression of policy as to when eligibility will be determined, i.e., prior or subsequent to medical diagnosis.
5. And finally, a statement of duration of eligibility, including any subsequent responsibility for financial reimbursement by the patient.

Changing Conditions Demand Recognition

In considering the purpose of all hospitals, including county hospitals, there is need for recognition of changing conditions which affect the health service. Medical scientific knowledge has changed the work of the doctor, and this in turn has altered materially the function of the hospital. Our longer life expectancy makes special demands on hospitals for better programs for the treatment of chronic illness. Scientific knowledge has established clearly that the physician and hospital have an increasing responsibility for prevention, in addition to cure. There is ample evidence that many chronic diseases can benefit materially from preventive measures, which may mean that the patient need never be hospitalized. County hospitals have a particularly challenging responsibility to investigate the possibility of improving their programs for prevention of many of these diseases and for early detection of chronic disease.

In our work in the State Department of Public Health, we are in continual contact with hospitals throughout California. For many years, the department has been involved in provision of services and consultations to doctors and hospitals throughout the State. It has had special programs,

such as the Crippled Children's Service and the tuberculosis subsidy to county institutions, which have been important in improving standards of care.

Since 1946, the department has had responsibility for administering the hospital survey and construction program. It has provided funds to assist communities in building hospitals. This program has assisted in the construction of 177 hospitals, involving a total investment of \$175,000,000.

Since 1946, the department has administered the Hospital Licensing Act under which all hospitals in California, except federal institutions and state hospitals, are required to comply with licensing standards for construction and operation. In the original hospital licensing program county hospitals were exempt, but in 1953 the law was changed to require that county hospitals comply with licensing standards.

In administering the hospital survey and construction program and the hospital licensing program, staff of the State Department of Public Health are in daily contact with hospitals and with community groups which are interested in hospital construction and operation. It is very evident that during this 12-year period very substantial improvement in hospital service has occurred. This is true of all types of hospitals, including county hospitals. In addition to providing better professional service, county hospitals are much more effectively administered than they were a few years ago. This is not to say there is not room for improvement.

The interest and support which our hospitals receive from the California taxpayers are an important element in achieving this improvement.

The practice of preventive medicine requires a change of emphasis on the part of the practitioner; a change from symptomatic treatment to asymptomatic detection. The special effort that is required to achieve this has its reward in the early detection of disease where cure is possible and control is probable.—*Emerson Day, M.D., Chief, Dept. of Preventive Medicine, Cornell University Medical College, New York City.*

New Resolutions Adopted at Local Health Officers Meeting

Resolutions proposing the expansion of crippled children services, broadening of responsibilities in community mental health, improved services in occupational health, and improved standards of care for the aged were adopted by the California Conference of Local Health Officers in its fall meeting in Long Beach.

The health officers proposed that epilepsy be included under the department's crippled children service and that a strong effort be made to submit the necessary enabling legislation at the next legislative session.

If epilepsy were included in the service, the program probably would be mostly diagnostic, using diagnostic teams of physicians in various areas of the State similar to the cleft palate teams. It was felt the cost of treatment would be minimal.

A resolution was passed outlining local health department responsibilities in the field of mental health. These include taking leadership in the recognition and solution of community mental health problems; promotion of a community environment and attitude conducive to the development and maintenance of good mental health and the prevention of mental illness; encouragement of the highest quality of medical care for patients with mental illness which would require integration of mental health services with general medical care and co-ordination of community facilities.

The conference emphasized the responsibility of local health departments for promoting the health of the employed population, and stipulated that adult occupational health should be a basic service of the general health program. It was pointed out that occupations in California industry, agriculture, and commerce are so diversified that all local health areas have general as well as special occupational health needs.

The need for both local and state participation in the program for care of the aged, as well as for setting statewide standards for care, was recognized by the health officers in a resolution calling for programs designed to improve the health of aged and infirmed persons; taking imme-

Third Rehab Nursing Course Held at Fairmont Hospital

The third three-week rehabilitation nursing course was held at Fairmont Hospital this month. Nurses enrolling in the course have been mainly from hospitals and nursing homes, as well as from local health departments and visiting nurse services.

The course aims to help nurses acquire knowledge and skills in rehabilitation nursing for use in assisting patients to return to the fullest physical, social and vocational usefulness of which they are capable, and to help extend the practice of rehabilitation nursing into every area of nursing care.

There is an increasing interest on the part of other states to participate in the course, with requests received from Oregon and Washington and also from Hawaii. This evidence of concern with rehabilitation and the importance of nurses being prepared to give rehabilitation services is being seen in work with communities throughout the State.

A related development has been the activity of visiting nursing services in California toward forming a central council through which these organizations can arrive at common goals and objectives and result in increased and improved services. During the annual convention of the California League for Nursing a Council of Visiting Nurse Associations was established.

mediate steps to assist various licensing authorities to improve the health and welfare of the aged, and requiring that the conference work with interested agencies in the development of reasonable and adequate standards of housing, sanitation, nutrition, medical and nursing care.

It was pointed out by this department that the physical facilities provided for the housing of aged and infirmed persons are often poorly adapted to the purpose for which they are used. Also emphasized was the fact that the knowledge, skills, and character of those entrusted with the care of the aged and infirm are also directly related to the quality and adequacy of the care received by aged persons.

PUBLIC HEALTH-HOSPITAL COMMITTEE IMPROVES PATIENT SERVICES

Since its organization five years ago the San Joaquin General Hospital and the San Joaquin Local Health District's "Joint Public Health and Hospital Committee for Improvement of Service" has proven the value of co-operative effort of the hospital and the health department for improving services for the patients and families served by both agencies.

The need for this committee was brought to the attention of the administration of the hospital by the nurses of both the hospital and the health department who had identified some problems interfering with providing continuous care to patients progressing from the clinic or hospital back to their homes. Most of these problems reflected the need for better communication between the agencies. The nurses were able to point out instances in which there were limitations in the understanding of the functions, activities, and services of the workers in each agency, and also where there was duplication of services in some areas and obvious gaps in the provision of consistent and effective nursing services in others.

Nursing Directors Initiate Meetings

In 1953 the nursing directors of the San Joaquin General Hospital and the San Joaquin Local Health District, together with the supervisory nursing staffs of both agencies, initiated regular meetings for the purpose of establishing ways in which services to pediatric and maternity patients might be improved.

Both of these agencies are tax supported, serve the entire county, and are concerned with the same clients. The health officer and his senior assistant health officer are members of the county hospital staff, and the San Joaquin Local Health District provides a generalized public health service throughout the county, including in its program all health services to the elementary school.

During the first two years the joint committee of the nursing staffs worked on the following problems and programs:

1. An *interagency referral form* developed for use by the staffs of tuber-

culosis sanatoriums and the health district. Later this was introduced into the clinics, the obstetrical ward, and the nursery. This greatly improved communication and facilitated more rapid and better nursing care needed by the patients.

2. A *formal orientation program* for public health nurses to the hospital and its clinics, and a similar orientation program for the hospital head nurses, supervisors and nursing school instructors to the health district and its resources. This has contributed much to better understanding and has strengthened working relationships.

3. A *review of the maternity educational program* in the prenatal clinic. As a result, classes were organized on the obstetric ward, in addition to those in the prenatal clinic. This change improved services to mothers and increased the student nurses' awareness of the preventive aspects of disease. It also afforded opportunities for students to participate in teaching on the wards and in the clinics.

The nurses were aware from the very beginning that a nursing committee alone could not achieve the long range objectives of improving and extending the quality and quantity of all types of care for county hospital residents.

Joint Committee Formed

In 1955, this nursing committee was expanded to form a joint committee, with representation from the medical and nursing staffs of both agencies, the hospital social service department, maternal health nurse and generalized public health nurse consultants from the California State Health Department. From time to time consultants from community agencies such as probation and welfare departments met with this group on special problems. In addition, the medical chief of staff of the hospital obstetrical and the pediatric services and the health officer have been called upon to participate and contribute to the discussions on problem areas related to their fields of service.

Recent activities of the committee include a study of families of children who have been rehospitalized. An

effort is being made to discover ways to prevent rehospitalization whenever possible.

Every three months separate working groups meet. These are the subcommittees concerned with separate problems which they have chosen for consideration. Subjects of study by these committees include opportunities for patient education in the pediatric care programs, possibilities for instituting a home care program, and the organization of a rehabilitation unit.

Interdisciplinary Approach Stressed

Meetings are usually attended by the hospital medical director, assistant administrator, director of nursing, associate director of the school of nursing, outpatient nurse supervisor, hospital social work supervisor, assistant health officer and director of public health nursing from the local health district, and the two nurse consultants from the State Health Department. The section groups include the appropriate chief resident, hospital and clinic head nurses, the nursing supervisor and the nursing instructor. Ex officio members of the section groups are the health officer, the hospital administrator, and the medical chiefs of staff.

The attention of the expanded committee was focused early on inadequate prenatal care due to late registration in the prenatal clinics in the patient's third trimester of pregnancy, and failure to return for postpartum care. As a result, it was possible for the first time in the history of San Joaquin County to decentralize the prenatal clinic.

The first branch prenatal clinic was established at the Tracy Health Center in January, 1957. It is staffed by personnel from both the general hospital and the health district. In the hospital and clinics, in well child conferences, and in home visits medical and nursing personnel of both agencies are placing emphasis on opportunities for patient education, especially during early and continuous prenatal care and at the time of followup postpartum examination. The postpartum clinic appointment system has been revised in an effort to eliminate some of the factors which

may have contributed to patients' failure to report for postpartum examinations. Changes have been made in the hospital social service department to facilitate patient services in the clinics. A subcommittee is conducting a more detailed evaluation of the amount and kind of prenatal care services given to patients.

The care of infants, including the premature, has been considered. The health district had an opportunity to interpret its services to this group and was stimulated to make a study of the extent of posthospital medical and nursing supervision of the premature.

Many Problems Considered

Several sessions have been devoted to discussions of communicable disease control problems including venereal disease, infectious diarrhea, staphylococcal infections, prophylaxis for contacts of specific diseases, and the service provided by the health district laboratory.

Other subjects for the committee's attention have been the school health program, crippled children's service, and services available for mentally defective children. For example, since the general hospital provides medical care for children in juvenile hall, the chief probation officer has met with the committee to discuss and clarify the legal problems involved in consent for treatment, handling of severely disturbed children, and routing of information between the two agencies.

The five years' experience of this interagency, interdisciplinary committee clearly demonstrates that its objectives are being met. These are "to meet once a month to evaluate, to co-ordinate and to strengthen existing services, to define problems and recommend action, and to share information so that hospital patients and other members of the community will receive the best service possible." The committee's method for handling problems under consideration has been first to delineate them through discussion, second to make a thorough study of records and procedures, and finally to organize planned action. This interagency work-centered committee has proven the value of the interdisciplinary approach in solving the many common problems that con-

Physicians Make Recommendations For Accident Prevention

At the recent Governor's Traffic Safety Conference in Sacramento, physicians from all over California and from other states participated in discussions and made recommendations to the Governor regarding medical aspects of traffic accident and injury prevention. State Health Department staff assisted in developing this program.

A series of presentations on crash injury research highlighted the program. These demonstrated clearly the value of safety features available for new automobiles and, in some instances, also adaptable for older models. These included special designing and padding of the dashboard, locks on car doors to prevent opening in the event of a crash, recessed hardware, rollover bars, and seat belts.

The use of seat belts alone was shown to decrease the chance of injury in the event of a crash by 60 percent, while the chance of fatal injury was reduced from three to one.

The physicians attending the conference developed the following recommendations for presentation to Governor Knight:

1. That a special licensing program for ambulance drivers be instituted to include examination in the adequate care of the injured, and that basic first-aid equipment be carried in all ambulances.
2. That the administration of tests for blood alcohol be further studied; that outside independent laboratories be employed to analyze the blood samples; and that a more realistic blood level of alcohol be established as the upper limit acceptable to law enforcement agencies.
3. That an implied consent law for blood alcohol tests be established in California, as suggested by the Uniform Vehicle Code.
4. That a committee be established to study and possibly revise regulations governing licensing of drivers with a history of unconscious attacks or seizures.

tinually arise for providing sound and realistic services to people in need.

Close Watch Kept on Influenza Occurrence in State

The State Department of Public Health is maintaining a close watch on flu occurrence in California through a statewide surveillance network which will provide immediate evidence of an increase in respiratory illness.

Eight local health departments are co-operating in the surveillance, collecting weekly data during the flu season on industrial and school absenteeism rates and other pertinent information.

There is no indication at present that a major epidemic of flu, such as that of last year, will occur in California during the winter and spring months. However, some influenza will undoubtedly be present, and due to the widespread dissemination of the new Asian virus strain during the recent epidemic there may be a substantial number of such cases.

Special field and laboratory studies will be done in areas where localized outbreaks of flulike illness occur.

Co-operating in the surveillance network are the local health departments in San Diego, Los Angeles, Fresno, Monterey, Alameda, Butte, Humboldt-Del Norte and Shasta.

Most Paralytic Polio Victims Have Not Been Vaccinated

Seventy-seven percent of the polio cases reported this year have been paralytic, of which some two-thirds have occurred among the unvaccinated. Of the 241 cases of polio reported from April 1st through November 8th, 186 were recorded as paralytic.

During the same period last year there were 529 cases, of which 204 were termed paralytic. In 1956 there were 1,631 cases, of which 1,033 were paralytic. Deaths so far this year number three, compared to 12 in 1957 and 44 in 1956.

Paralytic polio has struck hardest among the preschool children and young adults who have not had the series of three inoculations of the Salk vaccine.

This department and all local health departments continue to urge Californians to seek vaccination against paralytic polio.

Demineralization at Coalinga

For many years Coalinga has been hauling water for drinking purposes from Armona by tank car. This water was piped to the homes in the city. This water is expensive (about \$7.00/1,000 gallons). The city has been trying for years to find a means of treating the highly mineralized (2,300 ppm. total solids) native water economically. This spring, membrane dialysis equipment was demonstrated as a practical method for making the native water potable. The city then asked for and received a temporary permit to put demineralized water in their drinking water supply. This permit ran concurrently with existing permits, since some water had to be brought from Armona to meet the drinking water demand.

The dialysis equipment is an ingenious device using direct current to draw the ions into a waste water stream and discharge demineralized water in an automatically controlled batch system to either demonstration faucets or to the drinking water systems. Chemical analyses indicate a removal of 2,000 ppm. of total solids with attendant reduction in mineral constituents. This system can produce a safe water at a cost of about \$0.70/1,000 gallons.

The Coalinga city government has now purchased this dialysis equipment, has applied for a permit from the State Department of Public Health, and expects to begin by the first of the year demineralization of all the drinking water in the city system.

Railroad Diesel Engine Exhaust Not Acute Hazard to Health

Results of a 10-month environmental and medical study of exposure of railroad freight train crews to diesel engine exhaust and sand show no significant amount of acute health damage, and no definite difference between those exposed and those unexposed to exhaust products and to the dust from track sanders.

The study, performed by the department's Bureau of Adult Health and Industrial Hygiene Laboratory in collaboration with the California Public Utilities Commission, showed

Long-Term Studies Recommended Re Diagnosis of Praelcoholics

There is an urgent and continuing need for long-term studies to learn more about the causes of alcoholism according to scientists who met recently with the staff of the Division of Alcoholic Rehabilitation.

These studies into the cause of alcoholism, the researchers believe, should be carried out over a five- to ten-year period to determine, for example, what scientifically verifiable signs can be identified for diagnosing the incipient alcoholic.

The complexity and extent of the alcoholism problem make it desirable to carry on applied studies to find out more about how public and private organizations can be more effective in assisting in the control and prevention of alcoholism. Related to this is the need for pinning down specifically the social factors which may promote alcoholism or create susceptibility to it.

Other areas in need of investigation are metabolic studies to determine precisely what the effects of alcohol are in its process of oxidation by the body and evaluation studies of the use of various drugs, particularly stimulants and tranquilizers, in acute intoxication, withdrawal stages, and continued periods of abstinence.

The meeting was called to evaluate the status of current alcoholism research, to appraise gaps in research, to assess resources available within the State, and to establish some recommended priorities concerning areas where further investigation is most urgently required at this time.

Specialties represented at the meeting included internal medicine, psychiatry, sociology, psychology, neurology, pharmacology and public health.

that measurable exposures to diesel gases occur when trains are passing through upgrade tunnels. None of the exposures to exhaust constituents, however, approached the maximum acceptable concentration for regular daily industrial exposure. The concentrations were of the order which is experienced in everyday living in urban areas.

Nobel Laureate Scheduled Speaker For Orthopsychiatric Meetings

Dr. Linus Pauling, Nobel Laureate, and Dr. Weston LaBarre, noted anthropologist and author of "The Human Animal," will speak at the opening session of the first western meeting of the American Orthopsychiatric Association to be held in San Francisco at the Sheraton-Palace Hotel, March 30 and 31 and April 1, 1959.

Dr. Pauling's topic will be the molecular basis of disease, with special emphasis on mental deficiency and mental disease. Dr. LaBarre will discuss his recent investigation of religion in primitive societies and their reflection of the prevalent anxieties in those societies.

Three themes predominating the program will be social and cultural aspects of mental health, treatment approaches, and research concerned with mental illness and mental health.

"Brain and Behavior" will be the topic of an all-day symposium. Neuropsychiatry and neurochemistry will be the topics in the morning, and the psychodynamic and social factors in brain damage will be discussed in the afternoon.

This will be the first national meeting of this 35-year-old organization to be held west of the Mississippi. Dr. Stanislaus A. Szurek, Professor of Psychiatry at the University of California Medical School and Director of the Children's Service, Langley Porter Neuropsychiatric Institute, is president of the association for 1958-59.

Nonmember attendance is welcomed. In addition to the traditional subjects, papers and workshops on sociological aspects of mental health in the schools will be included.

"H. G. Wells used to talk about what he called a World Brain—an organization which would be a repository of information, a co-ordinator of knowledge, and a source of new insight for the whole of mankind. WHO is responsible for services that have very much that kind of function in the field of health."—A. Helen Martikainen, *International Journal of Health Education*, Vol. 1, No. 1.

Los Angeles County Surveys Mental Health Needs

The need for mental health services on the community front such as are provided through the Short-Doyle Act is indicated anew in a report in Los Angeles County, showing that an average of 15 patients a year are referred by each doctor to other physicians for psychiatric treatment. Many of these patients, however, never do obtain—even seek—the recommended help for their emotional problems because of the difficulties involved.

The report on the new survey was made to the Southern California Psychiatric Association by Dr. Wayne McMillen, professor in the University of Chicago School of Social Service Administration. Dr. McMillen is currently on leave conducting a mental health survey in Los Angeles County involving 24 different questionnaires directed to various groups. The questionnaires to doctors were submitted with the assistance of the Los Angeles County Medical Association, and the response provided what McMillen said he felt was "an excellent scientific example."

Of the doctors in Los Angeles County, which has gone no further with community mental health service plans under the Short-Doyle Act since preliminary action by the board of supervisors early this year, only 1 percent said they failed to identify any emotional cases in their practice. Most of these were physicians in such specialties as anesthesiology. Sixty-one percent of the doctors, however, said 5 percent or more of their practice need care for their emotional problems. Questions were directed to general practitioners and all specialists with the exception of psychiatrists.—*Report to Governor's Council, September, 1958, California State Department of Mental Hygiene.*

Reported Cases of Selected Notifiable Diseases, California, Month of October, 1958

Disease	Cases reported this month			Total cases reported to date		
	1958	1957	1956	1958	1957	1956
Series A						
Amebiasis	52	253	114	957	1,781	815
Coccidioidomycosis	27	13	36	199	158	160
Measles	687	436	764	34,430	52,537	30,653
Meningococcal infections	15	23	8	175	148	205
Mumps	792	972	1,156	15,837	17,549	31,408
Pertussis	349	344	181	3,733	2,425	1,905
Rheumatic fever	8	11	7	124	120	107
Salmonellosis	125	253	92	991	1,396	960
Shigellosis	293	237	187	1,825	1,466	1,476
Streptococcal infections, respiratory	1,668	565	356	13,125	6,920	4,480
Trachoma	4	—	—	10	81	4
Series B						
Chancroid	9	7	15	85	52	77
Conjunctivitis, acute newborn	4	1	—	22	4	7
Gonococcal infections	1,856	1,734	1,631	16,200	13,762	12,993
Granuloma inguinale	—	2	—	8	7	1
Lymphogranuloma venereum	4	2	1	32	17	27
Syphilis, total	584 ^a	666	599	5,666 ^b	5,169	5,238
Primary and secondary	88	65	NA	578	400	NA
Series C						
Anthrax	—	1	—	—	1	—
Brucellosis	4	4	5	34	43	27
Diarrhea of the newborn	2	23	5	20	42	11
Diphtheria	1	—	2	7	8	28
Encephalitis	55	50	57	546	482	488
Food poisoning (exclude botulism)	99	277	454	1,039	1,107	1,627
Hepatitis, infectious	189	153	217	1,822	1,618	1,646
Hepatitis, serum	8	15	7	105	85	77
Leprosy	2	—	1	14	13	7
Leptospirosis	—	—	—	2	1	3
Malaria	6	7	4	27	34	43
Meningitis, viral or aseptic	206	NA	NA	985	NA	NA
Polio myelitis, total	67	82	300	315	614	1,946
Paralytic	60	54	168	240	250	1,250
Nonparalytic	7	28	132	75	364	696
Psittacosis	1	2	9	17	26	37
Q fever	3	1	1	38	39	53
Rabies, animal	7	25	16	152	162	262
Rabies, human	—	—	—	—	1	—
Rocky Mountain spotted fever	—	—	—	—	—	1
Tetanus	3	5	3	42	27	27
Trichinosis	1	—	—	6	7	9
Tularemia	1	—	—	5	2	4
Typhoid fever	19	24	11	75	71	91
Other ¹						
Botulism	—	—	1	1	2	5
Plague	—	—	—	—	—	1
Relapsing fever	—	—	—	—	3	—
Typhus fever (endemic)	—	3	1	3	9	3
Series D						
Epilepsy	390	218	345	3,772	2,593	3,022
Tuberculosis	478	545	—	5,722	5,639	—

¹ These spaces will be used for any of the following rare diseases if reported: botulism, cholera, dengue, plague, relapsing fever, smallpox, typhus fever, yellow fever.

^a Excludes 285 cases found positive by special serologic survey (Mexican National farm workers at Border Reception Center, El Centro).

^b Excludes 6,985 cases found positive by special serologic survey (Mexican National farm workers at Border Reception Center, El Centro).

^c 1956 Data not comparable.

Mental Hospital TB Patient Prevalence Declining

Approximately 30 remaining tuberculous patients at Sonoma State Hospital have recently been transferred to the Napa State Hospital tuberculosis unit. Similarly, patients discovered to be tuberculous at Pacific State

Hospital who were formerly transferred to Sonoma, are now being sent to the Patton State Hospital tuberculosis unit. This change symbolizes the dramatic drop in tuberculosis prevalence in the state hospitals for the mentally deficient. Only eight years ago, a new 180-bed tuberculosis hospital was opened at Sonoma and it

was then barely large enough to accommodate the needs of that time.

"I doubt whether many people—especially those who smoke—really believe that smoking is harmless."
—Herman Hilleboe, M.D., Commissioner, New York State Department of Health

Public Health Positions

Alameda County

Public Health Analyst II: Salary range, \$436 to \$530. Preparation and analysis of tabulations, and presentation of public health data. Requires college degree plus two years of technical research or statistical experience (one of which must have been in the public health field), or a master's degree in biostatistics. Examination to include a written test (this can be administered in the locale of the candidate) and a personal interview.

Public Health Medical Officer: Salary range, \$821 to \$950. To work as an administrator of a county health department bureau. Requires California medical license, plus one year of graduate public health education, or one year of medical experience in public health. Examination by interview only.

Public Health Nurse: Salary range, \$415 to \$505. Generalized public health nursing program. Many positions include school nursing. Requires California public health nursing certificate or eligibility therefor. Examination by interview only.

Sanitarian: Salary range, \$436 to \$505. General sanitation program covering all sanitation services in specific geographical district. Requires California certification, plus college degree in sanitary science or related field. (Eligibility for next state examination acceptable.)

For further information regarding any of these positions write to Alameda County Civil Service Commission, 12th and Jackson Streets, Oakland 7, California, or phone HI gate 4-0844, Extension 255.

Contra Costa County

Chief Public Health Analyst: Salary range, \$543 to \$653; effective January 1959, \$556 to \$676. Involves the planning, supervising, directing, and co-ordination of the statistical division within the health department. Requires graduation from a recognized college or university, with a degree in public health statistics, biostatistics or economic statistics, and three years of experience in technical public health statistical

or biostatistical work. One year of graduate study may be substituted for one year of experience.

Public Health Analyst: Salary range, \$453 to \$543; effective January 1959, \$458 to \$556. Will have responsibility for specific areas within the statistical division. Requires graduation from a recognized college or university, with a degree in public health statistics, biostatistics, or economic statistics, and one year of experience in public health biostatistical work. One year of graduate study may be substituted for one year of experience.

The department is presently engaged in the research of effectiveness of direct mail, family safety, air sanitation, tuberculin testing, and staphylococcus epidemiology. Apply by January 2, 1959, to Contra Costa County Civil Service Commission, Box 710, Martinez, California, or phone Martinez 3000, Extension 415.

Kings County

Public Health Nurse: Salary range, \$359 to \$430. Generalized nursing program in rural county. School health services not included. Starting salary dependent on preparation and experience. Forty-hour week, three weeks' annual leave, and sick leave, retirement plan. C.P.S. optional. Requires California registration and driver's license. Public health nursing certificate preferred. Car furnished for work. For information contact Bertha E. Stokes, M.D., Health Officer, 1221 West Lacey Boulevard, Hanford, California.

Santa Barbara County

Sanitarian: Salary range, \$373 to \$455. Starting salary depends upon previous experience. Requires California registration; degree in public health preferred. Newly established position. Automobile furnished. Reply to Joseph T. Nardo, M.D., County Health Officer, or to A. J. Engle, Director of Sanitation, P. O. Box 119, Santa Barbara, California.

Yolo County

Public Health Nursing Supervisor: Salary range, \$392 to \$478. The second step of \$412

is reached after six months of service. Eight cents per mile allowed for car expense. Qualified and interested applicants are requested to write to Herbert Bauer, M.D., Public Health Director, Yolo County Health Department, Woodland, California.

" * * * Education, like all learning, must depend to a certain degree on anxiety or disbalance between a person's present state of being and what he would like to be."—Saul Hofstein, *D.S.W., Mental Hygiene, Vol. 42, No. 4*

GOODWIN J. KNIGHT, Governor
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State Director of Public Health

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